



Independent Evaluation Services, L.L.C

Date of Referral: _____

30555 Southfield Road, Suite 250 - Southfield, Michigan 48076 - 248.971.2180 fax 248.792.5881
www.ies-ime.com

Referred By: _____ Company: _____

Phone: _____ Fax: _____ Email: _____

Defense Attorney: _____ Law Firm: _____

Address: _____

Phone: _____ Email: _____

Requested Physician/Specialty: _____

Requested Service: IME/Re-Eval IMO 2nd Opinion STD/LTD Record/Peer/Utilization Review Retirement Exam Deposition
Other: _____

Case Type: WC / NF / Liability / Civil Tort / Disability / Other: _____

Claimant Name: _____ DOB: _____ SS# _____

Address: _____

Phone 1: _____ Phone 2: _____

Allegations: _____

Date of Injury/Loss: _____ Claim/File # _____

Plaintiff Attorney: _____ Law Firm: _____

Address: _____

Phone: _____ Email: _____

Issues to be addressed & Special Instructions:

- | | | |
|----------------------------|--|--|
| <i>Diagnosis/Prognosis</i> | <i>Treatment (reasonable & necessary / duration)</i> | <i>Maximum Medical Improvement (MMI)</i> |
| <i>Causal Relationship</i> | <i>Return to work (with or without restrictions)</i> | <i>Pre-Existing Condition</i> |
| <i>Household Services</i> | <i>Attendant Care</i> | <i>Ability to Drive</i> |

For IES use only:

Exam Date: _____ Exam Time: _____ Exam Location: _____ Physician Name: _____